SENATE BILL 471 (LRB -3593)

An Act to repeal 185.981 (4), 185.981 (6) and 185.982 (3); and to amend 71.26 (1) (a), 71.45 (1) (a), 71.45 (5), 146.81 (1) (k), 146.997 (1) (d) 17., 155.01 (7), 185.09, 185.981 (title), 185.981 (1), 185.981 (2), 185.981 (3), 185.981 (4), 185.981 (5), 185.981 (7), 185.981 (8), 185.981 (9), 185.982 (1), 185.982 (2), 185.983 (1) (intro.), 185.983 (1) (a), 185.983 (1m), 185.983 (2), 185.985, 252.14 (1) (ar) 12., 254.11 (13), 632.86 (1) (a) and 655.002 (1) (f) of the statutes; relating to: health care plans operated by cooperative associations.

2010			
01-22.	S.	Introduced by Senators Erpenbach, Hansen, Wirch, Vinehout, Taylor, Kreitlow, Risser and Cowles; cosponsored by Representatives Richards, Vruwink, Benedict, Turner, Brooks, Pope-Roberts, Ripp, Tauchen and Smith.	
01-22.	S.	Read first time and referred to committee on Health, Health Insurance, Privacy, Property Tax Relief, and	
01-22.	.	Revenue	
02-02.	S.	Senate amendment 1 offered by Senator Erpenbach (LRB a1345)	533
02-11.	S.	Public hearing held.	
02-17.	S.	Executive action taken.	
02-18.	S.	Report adoption of Senate Amendment 1 recommended by committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, Ayes 7, Noes 0	571
02-18.	S.	Report passage as amended recommended by committee on Health, Health Insurance, Privacy, Property	
		Tax Relief, and Revenue, Ayes 7, Noes 0	571
02-18.	S.	Available for scheduling.	
02-23.	S.	Placed on calendar 2-25-2010 pursuant to Senate Rule 18(1)	0
02-25.	S.	Read a second time.	
02-25.	S.	Senate amendment 1 to Senate amendment 1 offered by Senator Erpenbach (LRB a1680).	
02-25.	S.	Senate amendment 1 to Senate amendment 1 adopted.	
→ 02-25.	S.	Senate amendment 1 adopted.	
02-25.	S.	Senate amendment 2 offered by Senator Erpenbach (LRB a1678).	
02-25.	S.	Senate amendment 2 adopted.	
02-25.	S.	Ordered to a third reading.	
02-25.	S.	Rules suspended.	
02-25.	S.	Read a third time and passed.	
02-25.	S.	Ordered immediately messaged.	
02-25.	A.	Received from Senate	701
02-25.	A.	Read	701
02-25.	A.	Rules suspended and taken up	701
02-25.	A.	Read a second time	701
02-25.	A.	Ordered to a third reading	701
02-25.	A.	Rules suspended	701
02-25.	A.	Read a third time and concurred in	701
02-25.	A.	Ordered immediately messaged	701
02-26.	S.	Received from Assembly concurred in.	



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ADOPTED DOCU	MENTS:		
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Amendments to al	bove (if none, write "NO]	NE"): <u>5A / -</u>	a 1345/2
	bove (if none, write "NO!	542-	a 1678/1
SA1 to	5A1 - a1680	p/,	
	w date (if none, write "N	₹	
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State of Misconsin 2009-2010 LEGISLATURE

CORRECTIONS IN:

2009 SENATE BILL 471

Prepared by the Legislative Reference Bureau (March 4, 2010)

In enrolling, the following correction was made:

Items 7 and 8 of senate amendment 2 were not given effect because item 4 of senate amendment 1 deleted that material.

(END)

 $\begin{array}{l} LRB-3593/2ccc-1 \\ CJS:rs \end{array}$

January 22, 2010 – Introduced by Senators Erpenbach, Hansen, Wirch, Vinehout, Taylor, Kreitlow, Risser and Cowles, cosponsored by Representatives Richards, Vruwink, Benedict, Turner, Brooks, Pope-Roberts, Ripp, Tauchen and Smith. Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

1	AN ACT <i>to repeal</i> 185.981 (4t), 185.981 (6) and 185.982 (3); and <i>to amend</i> 71.26
2	(1) (a), 71.45 (1) (a), 71.45 (5), 146.81 (1) (k), 146.997 (1) (d) 17., 155.01 (7),
3	185.09, 185.981 (title), 185.981 (1), 185.981 (2), 185.981 (3), 185.981 (4), 185.981
4	(5), 185.981 (7), 185.981 (8), 185.981 (9), 185.982 (1), 185.982 (2), 185.983 (1)
5	(intro.), 185.983 (1) (a), 185.983 (1m), 185.983 (2), 185.985, 252.14 (1) (ar) 12.,
6	254.11 (13), 632.86 (1) (a) and 655.002 (1) (f) of the statutes; relating to: health
7	care plans operated by cooperative associations.

Analysis by the Legislative Reference Bureau

Under current law, associations may be organized on a cooperative nonprofit basis (cooperative associations) to establish and operate sickness care plans for their members through contracts with providers. This bill makes various changes to those provisions, including the following:

- 1. The bill changes the name of the plans that cooperative associations may establish and operate from "sickness care plans" to "health care plans."
- 2. The bill specifies that establishing and maintaining these plans may be the primary, as opposed to exclusive, purpose of the cooperative association.
- 3. Current law provides that cooperative associations may enter into contracts for services with physicians and surgeons, optometrists, chiropractors, and dentists. The bill allows contracts with other providers, too.

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- 4. The bill adds that nothing in the provisions pertaining to the purpose of the cooperative association as being primarily to establish and operate a health care plan precludes a cooperative association from owning an interest in other entities for improving member services or for investment.
- 5. Under current law, a cooperative association may not spend more than 5 percent of capital stock or membership fees on promotional expenses. The bill provides that this limit does not apply to a cooperative association operating a health care plan.
- 6. Current law prohibits a contract by or on behalf of a cooperative association from providing for the payment of cash or other material benefit to a subscriber or the subscriber's estate on account of death, illness, or injury. The bill eliminates this provision.
- 7. Under current law, a cooperative association may stipulate in a plan that it will pay a nonparticipating physician and surgeon, optometrist, chiropractor, or dentist outside of the cooperative association's normal territory for care rendered to a member or a member's covered dependent who needs the care when he or she is outside the cooperative association's territory in which the plan benefits are normally available. Under the bill, a cooperative association may stipulate in its plans that it will pay a nonparticipating physician and surgeon, optometrist, chiropractor, dentist, or other provider for health care rendered to a covered person, without limitation to being outside the association's normal territory.
- 8. Current law provides that a cooperative association may provide benefits only to its members. The bill allows a cooperative association to offer its services to nonmembers, too.
- 9. Finally, the bill makes various technical changes, such as conforming the language to current statutory drafting practice and eliminating redundant provisions.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 71.26 (1) (a) of the statutes is amended to read:

71.26 **(1)** (a) *Certain corporations*. Income of corporations organized under ch. 185, except income of a cooperative <u>sickness health</u> care association organized under s. 185.981, or of a service insurance corporation organized under ch. 613, that is derived from a health maintenance organization as defined in s. 609.01 (2) or a limited service health organization as defined in s. 609.01 (3), or operating under subch. I of ch. 616 which are bona fide cooperatives operated without pecuniary profit

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to any shareholder or member, or operated on a cooperative plan pursuant to which they determine and distribute their proceeds in substantial compliance with s. 185.45, and the income, except the unrelated business taxable income as defined in section 512 of the internal revenue code and except income that is derived from a health maintenance organization as defined in s. 609.01 (2) or a limited service health organization as defined in s. 609.01 (3), of all religious, scientific, educational, benevolent or other corporations or associations of individuals not organized or conducted for pecuniary profit. This paragraph does not apply to the income of savings banks, mutual loan corporations or savings and loan associations. This paragraph does not apply to income that is realized from the sale of or purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in this state. This paragraph applies to the income of credit unions except to the income of any credit union that is derived from public deposits for any taxable year in which the credit union is approved as a public depository under ch. 34 and acts as a depository of state or local funds under s. 186.113 (20). For purposes of this paragraph, the income of a credit union that is derived from public deposits is the product of the credit union's gross annual income for the taxable year multiplied by a fraction, the numerator of which is the average monthly balance of public deposits in the credit union during the taxable year, and the denominator of which is the average monthly balance of all deposits in the credit union during the taxable year.

SECTION 2. 71.45 (1) (a) of the statutes is amended to read:

71.45 **(1)** (a) Income of insurers exempt from federal income taxation pursuant to section 501 (c) (15) of the internal revenue code, town mutuals organized under or subject to ch. 612, foreign insurers, and domestic insurers engaged exclusively in life insurance business, domestic insurers insuring against financial loss by reason of

nonpayment of principal, interest and other sums agreed to be paid under the terms of any note or bond or other evidence of indebtedness secured by a mortgage, deed of trust or other instrument constituting a lien or charge on real estate and corporations organized under ch. 185, but not including income of cooperative sickness health care associations organized under s. 185.981, or of a service insurance corporation organized under ch. 613, that is derived from a health maintenance organization as defined in s. 609.01 (2) or a limited service health organization as defined in s. 609.01 (3), or operating under subch. I of ch. 616 which are bona fide cooperatives operated without pecuniary profit to any shareholder or member, or operated on a cooperative plan pursuant to which they determine and distribute their proceeds in substantial compliance with s. 185.45. This paragraph does not apply to income that is realized from the sale of or purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in this state.

Section 3. 71.45 (5) of the statutes is amended to read:

71.45 **(5)** EXCEPTIONS. The net income of a cooperative sickness <u>health</u> care association organized under s. 185.981, or of a service insurance corporation organized under ch. 613, that is derived from a health maintenance organization, as defined in s. 609.01 (2), or a limited service health organization, as defined in s. 609.01 (3), is the net income that would be determined if the cooperative sickness <u>health</u> care association or service insurance corporation were subject to federal income taxation and as if that income were that of an insurance company.

SECTION 4. 146.81 (1) (k) of the statutes is amended to read:

146.81 **(1)** (k) An operational <u>A</u> cooperative <u>sickness health</u> care <u>plan</u> <u>association</u> organized under <u>ss. s.</u> 185.981 to 185.985 that directly provides services through salaried employees in its own facility.

Section 5. 146.997 (1) (d) 17. of the statutes is amended to read:

146.997 **(1)** (d) 17. An operational <u>A</u> cooperative <u>sickness health</u> care <u>plan</u> <u>association</u> organized under <u>ss. s.</u> 185.981 to 185.985 that directly provides services through salaried employees in its own facility.

Section 6. 155.01 (7) of the statutes is amended to read:

ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician, physician assistant, perfusionist, podiatrist, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant licensed under ch. 448, a person practicing Christian Science treatment, an optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a partnership thereof, a corporation or limited liability company thereof that provides health care services, an operational a cooperative sickness health care plan association organized under ss. s. 185.981 to 185.985 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in s. 50.49 (1) (a).

SECTION 7. 185.09 of the statutes is amended to read:

185.09 Promotion expense; limitation. No cooperative funds may be used, nor any stock issued, in payment of any promotion expenses in excess of 5 per cent of the paid–up capital stock or membership fees. <u>This section does not apply to a cooperative association organized under s. 185.981.</u>

SECTION 8. 185.981 (title) of the statutes is amended to read:

SECTION 8

INS.

SENATE BILL 471

185.981 (title) Cooperative sickness health care.

SECTION 9. 185.981 (1) of the statutes is amended to read:

185.981 (1) Cooperative associations may be organized under this chapter without capital stock, exclusively primarily to establish and operate in the state or in any county or counties therein a in the state nonprofit plan or plans or programs for sickness health care, including hospital care, for their members their members' dependents, and programs through contracts with physicians, medical

societies, chiropractors, optometrists, dentists, dental societies, hospitals.

others.

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SECTION 10. 185.981 (2) of the statutes is amended to read:

185.981 (2) Such associations A cooperative association organized under this section shall operate only on a cooperative nonprofit basis and for the primary purpose of establishing, maintaining, and operating a voluntary nonprofit health, dental, or vision care plan or plans, or additional programs for for constructing, operating, and maintaining nonprofit hospitals or other facilities whereby sickness health care, including hospital, dental, or vision care, is provided at the expense of such association, to its members or both, and to such other persons or groups of persons as shall who become subscribers to such plan, the plans, subject to s. 185.982 (2), under contracts which will entitle each such subscriber to definite that provide access to medical, surgical, chiropractic, vision, dental, or hospital care, other health care services, appliances, and supplies, by physicians and surgeons licensed and registered under ch. 448 optometrists licensed under ch. 449, chiropractors licensed under ch. 446 and, dentists licensed under ch. 447, and other health care providers in their offices, in hospitals, in other facilities, and in the home. Nothing in this

subsection precludes a cooperative association organized under this section from

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INS. 5A2-2

<u>/</u>

owning an interest in other entities for enhancing or improving member services or for investment or other purposes, as long as the association's primary purpose remains as provided in this subsection. INS. SA 2-5

SECTION 11. 185.981 (3) of the statutes is amended to read:

185.981 (3) No cooperative association organized primarily for the purposes provided in ss. 185.981 to 185.983 shall be prevented from contracting with any hospital in this state for the rendition of such hospital care as is included within such a plan the cooperative association's plans because such the hospital participates in a plan of any other such plan cooperative association, or in a plan organized and operated under ss. 148.03 and 613.80. No hospital may discriminate against any physician and surgeon, chiropractor, or dentist with respect to the use of such the hospital's facilities by reason of his or her participation in a sickness health care plan of a cooperative.

SECTION 12. 185.981 (4) of the statutes is amended to read:

185.981 (4) No contract by or on behalf of any such A cooperative association shall provide for the payment of any cash, indemnity or other material benefit by that association to the subscriber or the subscriber's estate on account of death, illness or injury, nor be in any way related to the payment of any such benefit by any other agency, but any such association may stipulate in its plan plans that it will pay any nonparticipating physician and surgeon, optometrist, chiropractor, dentist hospital outside of its normal territory for sickness or, or other provider for hospital or other health care rendered to any covered member or a member's covered dependent person who is in need of the a plan's benefits of such plan when he or/she is outside of the territory of such association in which the benefits of such plan are

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normally available. Any such plan plans may prescribe monetary limitations with respect to such extraterritorial the benefits

3 **SECTION 13.** 185.981 (4t) of the statutes, as affected by 2009 Wisconsin Act 28, 4 is repealed.

SECTION 14. 185.981 (5) of the statutes is amended to read:

185.981 **(5)** Every such cooperative association <u>organized under this section</u> is a charitable and benevolent corporation.

SECTION 15. 185.981 (6) of the statutes is repealed.

Section 16. 185.981 (7) of the statutes is amended to read:

185.981 **(7)** Notwithstanding sub. (4) and s. ss. 185.982 (1) and 185.983 (1), a sickness health care plan that is operated by a cooperative association and that qualifies as a health maintenance organization, as defined in s. 609.01 (2), is subject to s. 609.655.

SECTION 17. 185.981 (8) of the statutes is amended to read:

185.981 **(8)** A sickness care plan operated by a cooperative association is subject to s. 632.895 (8). Coverage by a health care plan operated by a cooperative association that qualifies as a health maintenance organization, as defined in s. 609.01 (2), of mammograms under s. 632.895 (8) may be subject to any requirements that the sickness health care plan imposes under s. 609.05 (2) and (3) on the coverage of other health care services obtained by members and their dependents.

Section 18. 185.981 (9) of the statutes is amended to read:

185.981 **(9)** Every cooperative sickness care association organized under this section that provides coverage for dependent children of members shall provide coverage for adopted children and children placed for adoption, as required under s. 632.896. Coverage by a health care plan operated by a cooperative association that

qualifies as a health maintenance organization, as defined in s. 609.01 (2), of health care services obtained by adopted children and children placed for adoption may be subject to any requirements that the sickness health care plan imposes under s. 609.05 (2) and (3) on the coverage of health care services obtained by other members and their dependents.

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SECTION 19. 185.982 (1) of the statutes is amended to read:

a cooperative association shall interfere with the manner or mode of the practice of

medicine, optometry, chiropractic, or dentistry, the manner or mode of providing

wellness or other services, the relationship of physician, chiropractor, optometrist or

dentist. or other provider and patient, nor the responsibility of physician, chiropractor, optometrist or dentist or other provider to patient. A plan Plans may require persons covered to utilize health care providers designated by the cooperative association. The cooperative association may provide health care services directly through providers who are employees of the cooperative association or through agreements with individual providers or groups of providers organized on a group practice or individual practice basis. In making such agreements, no plan may refuse to provide coverage for vision care services or procedures provided by an optometrist licensed under ch. 449 within the scope of the practice of optometry, as defined in s. 449.01 (1), if the plan provides coverage for the same services or

Section 20. 185.982 (2) of the statutes is amended to read:

procedures when provided by another health care provider.

185.982 **(2)** Any cooperative association operating a voluntary sickness health care plan plans under the provisions of this chapter may pay physicians and surgeons, optometrists, chiropractors of dentists, or other providers on a salary, per

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shall:

person, or fee-for-service basis to provide sickness health care to members of such the association. Every cooperative association shall contract only with its own members for the benefits of any plan which it operates, but any may offer its health care services to nonmembers. Any cooperative association which that operates a hospital may make the hospital's facilities thereof available to nonmembers and to nonparticipating physicians, optometrists of, dentists, or other providers.

Section 21. 185.982 (3) of the statutes is repealed.

SECTION 22. 185.983 (1) (intro.) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

185.983 (1) (intro.) Every such voluntary nonprofit sickness health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45 617.67 619.04 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87 (2), (2m), (3), (4), (5), and (6), 632.885, 632.895 (5) and (9) (8) to (17), 632.896, and 632.897 (10) and chs. 609 (630, 635, 645, and 646, but the sponsoring association

Section 23. 185.983 (1) (a) of the statutes is amended to read:

185.983 (1) (a) File with the commissioner of insurance a declaration defining the organization and operation of the plan, all printed literature, and specimen copies of all proposed contracts of insurance with persons covered and with participating physicians and, hospitals, and other providers, including all amendments thereto. The form of all such contracts and amendments shall be subject to approval by the commissioner of insurance but the commissioner may not

withhold approval if the form of such the contracts or changes therein in the contracts comply with the provisions of ss. 185.981 to 185.985.

SECTION 24. 185.983 (1m) of the statutes is amended to read:

185.983 (1m) In addition to ss. 601.04, 601.31, 632.79, and 632.895 (5), the commissioner of insurance may by rule subject a medicare supplement policy, as defined in s. 600.03 (28r), a medicare replacement policy, as defined in s. 600.03 (28p), or a long-term care insurance policy, as defined in s. 600.03 (28g), that is sold by a voluntary nonprofit sickness cooperative health care plan association organized under s. 185.981 to other provisions of chs. 600 to 646, except that the commissioner may not subject a medicare supplement policy, a medicare replacement policy, or a long-term care insurance policy to s. 632.895 (8).

SECTION 25. 185.983 (2) of the statutes is amended to read:

185.983 **(2)** Every such voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall make provision for a minimum of one physician and surgeon, or dentist to each 2,000 persons covered for medical or dental care and a minimum of 6 hospital beds for each 2,000 persons covered for hospital care.

Section 26. 185.985 of the statutes is amended to read:

185.985 Inconsistent provisions of the statutes. Sickness Health care or hospital plans operated by cooperative associations organized under this chapter shall be operated exclusively under the provisions of ss. 185.981 to 185.985. Other provisions of the statutes that are inconsistent with any of such those provisions shall not be applicable to cooperative associations or sickness health care plans operated by cooperative associations pursuant to under this chapter.

Section 27. 252.14 (1) (ar) 12. of the statutes is amended to read:

252.14 (1) (ar) 12. An operational A cooperative sickness health care plan
association organized under ss. s. 185.981 to 185.985 that directly provides services
through salaried employees in its own facility.

Section 28. 254.11 (13) of the statutes is amended to read:

254.11 **(13)** "Third–party payer" means a disability insurance policy that is required to provide coverage for a blood lead test under s. 632.895 (10) (a); a health maintenance organization or preferred provider plan under ch. 609; a health care coverage plan offered by the state under s. 40.51 (6); a self–insured health plan offered by a city or village under s. 66.0137 (4), a political subdivision under s. 66.0137 (4m), a town under s. 60.23 (25), a county under s. 59.52 (11) (c), or a school district under s. 120.13 (2) (b); or a sickness health care plan operated by a cooperative association <u>organized</u> under s. 185.981.

SECTION 29. 632.86 (1) (a) of the statutes is amended to read:

632.86 (1) (a) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a), except that the term does not include coverage under a health maintenance organization, as defined in s. 609.01 (2), a limited service health organization, as defined in s. 609.01 (3), a preferred provider plan, as defined in s. 609.01 (4), or a siekness health care plan operated by a cooperative association organized under ss. s. 185.981 to 185.985.

Section 30. 655.002 (1) (f) of the statutes is amended to read:

655.002 **(1)** (f) A cooperative <u>sickness health</u> care association organized under <u>ss. s.</u> 185.981 to 185.985 that operates a nonprofit <u>sickness health</u> care <u>plan plans</u> in this state and that directly provides services through salaried employees in its own facility.

SECTION 31. Effective date.

1	(1) This act takes effect on January 1, 2010, or on the day after publication,
2	whichever is later.

(END)

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State of Misconsin 2009 - 2010 LEGISLATURE

LRBa1345/2 PJK:nwn:jf

SENATE AMENDMENT 1, TO 2009 SENATE BILL 471

February 2, 2010 – Offered by Senator Erpenbach.

SA1-1 At the locations indicated, amend the bill as follows: 1 1. Page 6, line 6: delete "and," and substitute "and". 2 ✓ ✓ **2.** Page 6, line 7: delete "<u>, and others</u>". 3 **3.** Page 6, line 14: delete "plans, or additional programs." and substitute 4 5 5A1-4 $\sqrt{4}$. Page 7, line 14: delete the material beginning with that line and ending with 6 7 page 8, line 2, and substitute: SECTION 12c. 185.981 (4) of the statutes is renumbered 185.981 (4) (a) and (8) amended to read: 185.981 (4) (a) No Except as provided in par. (b), no contract by or on behalf of 10 any such cooperative association shall provide for the payment of any cash, 11 indemnity, or other material benefit by that association to the subscriber or the 12

subscriber's estate on account of death, illness, or injury, nor be in any way related

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stipulate in its plan plans that it will pay any nonparticipating physician and surgeon, optometrist, chiropractor provider for hospital outside of its normal territory for sickness or, or other provider for hospital or other health care rendered to any covered member or a member's covered dependent person who is in need of the a plan's benefits of such plan when he or she is outside of the territory of such association in which the benefits of such plan are normally available. Any such plan. The plans may prescribe monetary limitations with respect to such extraterritorial the benefits.

SECTION 12f. 185.981 (4) (b) of the statutes is created to read:

185.981 **(4)** (b) A cooperative association may make a payment in cash, indemnity, or other material benefit for a purpose that is incidental to its plans, including for the purpose of administering coordination of benefits.

including for the purpose of administering coordination of benefits.

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 $\sqrt{\sqrt{}}$ 5. Page 10, line 13: delete "611.67, 619.04," and substitute "611.26, 611.67,

15 **(**619.04, <u>623.11, 623.12</u>**5**

 $\sqrt{\ }$ 6. Page 10, line 16: after "609," insert "620"

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(END)

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State of Wisconsin 2009 - 2010 LEGISLATURE

LRBa1680/1 PJK:cjs:md

SENATE AMENDMENT 1, TO SENATE AMENDMENT 1, TO 2009 SENATE BILL 471

February 25, 2010 – Offered by Senator Erpenbach.

SA1-SA1-1

At the locations indicated, amend the amendment as follows:

1. Page 1, line 8: after "statutes" insert ", as affected by 2009 Wisconsin Act

1135.

4 V 2. Page 2, line 3: delete "dentist ef," and substitute "dentist, podiatrist, eff.

5 (END)

5A1-SA1-2



State of Misconsin 2009 - 2010 LEGISLATURE

LRBa1678/1 PJK:jld:ph

SENATE AMENDMENT 2, TO 2009 SENATE BILL 471

February 25, 2010 – Offered by Senator Erpenbach.

	(SA2-1)
1	At the locations indicated, amend the bill as follows:
2	1. Page 6, line 2: after "statutes" insert ", as affected by 2009 Wisconsin Act
3	(113,5".
4	$\sqrt{2}$. Page 6, line 8: delete "hospitals, and" and substitute "hospitals, podiatrists,
5	and". 512-3
6	$\sqrt{3}$. Page 6, line 10: after "statutes" insert ", as affected by 2009 Wisconsin Act
7	[113,5.] [SA2-4]
8	4. Page 6, line 22: after "448," insert (podiatrists licensed under ch. 448)".
9	$\sqrt{}$ Page 7, line 4: after "statutes" insert, as affected by 2009 Wisconsin Act
10	113,7.
11	$\sqrt{6}$. Page 7, line 11: delete "chiropractor, or dentist" and substitute
12	chiropractor, dentist, or podiatrist.
	3/12-6

Note to Editor: , tems 7. and 8. not given effect. SRM

STATE OF WISCONSIN – LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

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LRB

LRB-3593/2002
PJK & SRM
h-0
SB-471
In enrolling, the following correction
was made:
Items 7 and 8 of senate amendment 2
were not given effect because item 4
of senate amendment 1 deleted that
material.
(END)



State of Misconsin 2009-2010 LEGISLATURE

CORRECTIONS IN:

2009 SENATE BILL 471

Prepared by the Legislative Reference Bureau (March 4, 2010)

In enrolling, the following correction was made:

Items 7 and 8 of senate amendment 2 were not given effect because item 4 of senate amendment 1 deleted that material.

(END)

 $\begin{array}{l} LRB-3593/2ccc-1 \\ CJS:rs \end{array}$